

ASSIGNMENT

Surveyor: XING GUO QIANG

DOI: 13.05.2022

Date / Time : 13.05.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 8714P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11.05.2022 18:30

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

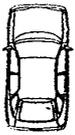
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

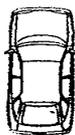
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

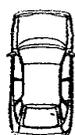
SHD 4953H



INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHD 4953H	19127/H1gbd1 16/10/2014 SHD 4953H SGY 2063R 02/10/2014 17/10/2014 CKL		
	CC3/TMI1401192/Khb3q2 08/03/2018 SKK 2397D SHD 4953H 04/06/2017 12/03/2018 LSP		
	CC4/III17012192/Khb3q2 23/06/2020 SML 7308A SHD 4953H 27/07/2019 24/06/2020 HNC		
	CC4/III19013505/Apa3q2 26/12/2019 FBN 4060C SHD 4953H 16/11/2019 26/12/2019 NNA		
	CS3/III19020783/Fcd3e2 24/02/2020 FBN 4060C SHD 4953H 16/11/2019 25/02/2020 ST4		
	CS3/III19020783/Ftd3e2-1 12/05/2022 LIAW YEAN CHING SMJ 8714P SHD 4953H 11/05/2022 18/05/2022 RBW		
	NA/CTI22004457/r3 12/05/2022 LIAW YEAN CHING SMJ 8714P SHD 4953H 11/05/2022 18/05/2022 RBW		
SMJ 8714P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
	NA/CTI22004457/r3 12/05/2022 LIAW YEAN CHING SMJ 8714P SHD 4953H 11/05/2022 18/05/2022 RBW		
		Documentation Check List:	Handler
			Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ _____		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$ _____	3) Survey fee:	
Total:	S\$ _____ Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		